

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	MTW	52	02 18 82
<b>FORMALITY REVIEW</b>	IS	189	7/3/82
<b>RESPONSE FORMALITY REVIEW</b>	132	517	7/21/82

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date		
Final	Original	1	2
1	✓		
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Claim	Date		
Final	Original	1	2
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Claim	Date		
Final	Original	1	2
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If more than 150 claims or 10 actions  
staple additional sheet here

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